

Satisfaction Survey FFY20

Title III-C2 Home Delivered Meals Program

County of Residence: _____

Facility where you receive meals from: _____

1. How much do you worry about having enough to eat?
 - I never worry
 - I worry occasionally
 - I worry some of the time
 - I worry most of the time
 - I worry all of the time

2. How many days each week do you usually receive home delivered meals?
 - 1
 - 2
 - 3
 - 4
 - 5

3. When you do not get a meal delivered, how many total meals do you eat that day?
 - 0 meals
 - 1 meal
 - 2 meals
 - 3 meals
 - 4 meals
 - 5 meals or more

4. On the days you get a delivered meal, how many meals do you usually eat?
 - 0 meals
 - 1 meal
 - 2 meals
 - 3 meals
 - 4 meals
 - 5 meals or more

5. How would you rate your overall health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

6. Compared to 1 year ago, how would you rate your health now?

- Much better now than 1 year ago
- Somewhat better now than 1 year ago
- About the same
- Somewhat worse now than 1 year ago
- Much worse now than 1 year ago

7. Gender

- Male
- Female

8. Age

- Under 60
- 60-69
- 70-79
- 80-89
- 90+

9. Number of years receiving Home Delivered Meals

- Less than 1 year
- 1-2 years
- 3-5 years
- 5-9 years
- 10+ years

10. While receiving services:

- Did staff treat you in a friendly manner? Yes No
- Did staff treat you respectfully? Yes No

11. Do services received from the meal program help you to:

- Eat healthier foods? Yes No
- Achieve or maintain a healthy weight? Yes No
- Improve your health? Yes No
- Eat a variety of fruits, vegetables, dairy, grains and protein? Yes No

12. How satisfied are you with:

- The way the foods smells. Always Sometimes Never
- The way the food looks. Always Sometimes Never
- The way the food tastes. Always Sometimes Never
- The variety of foods. Always Sometimes Never
- The temperature of the foods. Always Sometimes Never

13. Do you feel that you know more about nutrition after receiving nutrition education?

- Yes
- No

14. Would you say the meal program has helped you?

Yes

No

15. If yes, how has the meal program helped you?

16. What recommendations do you have to improve the meal program?
